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14 Attorneys for Defendants

HCC LIFE INSURANCE COMPANY and HCC

15 MEDICAL INSURANCE SERVICES, LLC

(*erroneously sued as* TOKIO MARINE HCC –

16 MEDICAL INSURANCE SERVICES GROUP)

17 IN THE UNITED STATES DISTRICT COURT

18 FOR THE NORTHERN DISTRICT OF CALIFORNIA – OAKLAND DIVISION

19 MOHAMMED AZAD and DANIELLE  
20 BUCKLEY, on behalf of themselves and all  
21 others similarly situated,

22 Plaintiffs,

23 v.

24 TOKIO MARINE HCC – MEDICAL  
INSURANCE SERVICES GROUP, HEALTH  
INSURANCE INNOVATIONS, INC., HCC  
25 LIFE INSURANCE COMPANY, and  
26 CONSUMER BENEFITS OF AMERICA,

27 Defendants.

Case No.: 4:17-cv-00618-PJH

**DECLARATION OF DAN GARAVUSO  
IN SUPPORT OF HCC LIFE  
INSURANCE COMPANY AND HCC  
MEDICAL INSURANCE SERVICES,  
LLC'S MOTION TO DISMISS AND  
THEIR ALTERNATIVE MOTION TO  
STRIKE CLASS ALLEGATIONS**

Date: May 24, 2017

Time: 9:00 a.m.

Ctrm: 3

Complaint Filed: February 7, 2017

1 I, Dan Garavuso, hereby say and declare as follows:

2 1. I am Vice President of Compliance at Health Insurance Innovations, Inc. ("HII").  
 3 I have worked with HII since August 2012 and have been recently appointed to my current  
 4 position. During the relevant time period for this case, HII was a duly licensed and appointed  
 5 insurance producer for HCC Medical Insurance Service, LLC ("HCC") and was authorized to  
 6 market and sell HCC Short-Term Medical insurance policies. In my capacity as Vice President of  
 7 Compliance, I am knowledgeable about the verification call and welcome email process. I have  
 8 personal knowledge of the matters set forth in this declaration and, if called as a witness, I could  
 9 and would testify competently thereto.

10 2. Manually filed herewith as Exhibit A is a true and correct copy of the recording of  
 11 plaintiff Mohammed Azad's ("Azad") insurance application verification telephone call, dated  
 12 December 8, 2015, and referenced at paragraphs 20 and 21 of the Class Action Complaint  
 13 ("Complaint"), that HII received from the independent agency selling the policy and that has been  
 14 kept by HII in the ordinary and regular course of business.

15 3. Attached hereto as Exhibit B is a true and correct copy of an email confirming  
 16 Azad's coverage, which was sent from HII to Azad on December 8, 2015, and is referenced at  
 17 paragraph 22 of the Complaint.

18 4. The email states "to learn more about how your plan works, click here," which  
 19 includes a hyperlink to an HCC one and a half minute video, manually filed as Exhibit 14 to the  
 20 Declaration of Jon Padgett.

21 Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true  
 22 and correct. Executed this 13th day of April, 2017, at Tampa, Florida.

23   
 24 Dan Garavuso

EXHIBIT A

1 GERARD G. PECHT (*Admitted Pro Hac Vice*)  
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19  
20 MOHAMMED AZAD and DANIELLE  
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25 LIFE INSURANCE COMPANY, and  
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26 Defendants.  
27  
28

Case No.: 4:17-cv-00618-PJH

**MANUAL FILING NOTIFICATION**

Date: May 24, 2017  
Time: 9:00 a.m.  
Ctvm : 3

Complaint Filed: February 7, 2017

1        Regarding: EXHIBIT A to the DECLARATION OF DAN GARAVUSO

2        This filing is in paper or physical form only, and is being maintained in the case file in the  
 3 Clerk's office. If you are a participant on this case, this filing will be served in hard-copy shortly.  
 4 For information on retrieving this filing directly from the court, please see the court's main  
 5 website at <http://www.cand.uscourts.gov> under Frequently Asked Questions (FAQ).

6        This filing was not efiled for the following reason(s):

7        ☐ Unable to Scan Documents

8        ☐ Physical Object (please describe): \_\_\_\_\_

9        ☒ Non-Graphic/Text Computer File (audio, video, etc.) on CD or other media

10       ☐ Item Under Seal in Criminal Case

11       ☐ Conformance with the Judicial Conference Privacy Policy (General Order 53)

12       ☐ Other (please describe): \_\_\_\_\_

13  
 14 Dated: April 14, 2017

GERARD G. PECHT  
 M. SCOTT INCERTO  
 JOSHUA D. LICHTMAN  
 MICHELLE L. MELLO  
 NORTON ROSE FULBRIGHT US LLP

15  
 16  
 17  
 18  
 19 By /s/ Joshua D. Lichtman  
 JOSHUA D. LICHTMAN  
 Attorneys for Defendants  
 HCC LIFE INSURANCE COMPANY and  
 HCC MEDICAL INSURANCE SERVICES,  
 21 LLC (*erroneously sued as* TOKIO MARINE  
 22 HCC – MEDICAL INSURANCE SERVICES  
 23 GROUP)  
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 26  
 27  
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**EXHIBIT B**

Address Type	Email	Status	Reason	Date
To	[REDACTED]	delivered		12-08-2015
CC	renee@insurancecaredirect.com	delivered		12-08-2015
CC	teller@insurancecaredirect.com	delivered		12-08-2015
BCC	dgaravuso@hiiquote.com	delivered		12-08-2015



# Welcome

**Dear MOHOMMED AZAD,**

Thank you for applying. We received your request for coverage under the following plans:

HealthMed STM with an effective date of 12/09/2015. Amount paid: \$188.56

Cigna Dental Network Access with an effective date of 01/01/2016. Amount paid: \$23.00

Once your application is approved and your initial payment of \$336.56 is processed, your coverage and benefits will begin on the corresponding effective date shown above.

Please note that each policy above is billed separately. If one policy terminates or is canceled, it will not automatically cancel your other policies, unless requested by you.

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**View and Download Your  
Benefits**

**10-day Free Look**

All of your important insurance information is available for you to view, download and print at [HIIInsuranceSolutions.com](http://HIIInsuranceSolutions.com).

We have created a user ID and password for you, so you can login immediately, print your ID cards and view details about your coverage.

**Member ID:** [REDACTED]  
**User ID:** [REDACTED]  
**Password:** [REDACTED]

For your security, please update your password after logging in.

We want you to be happy with your coverage. If you are not satisfied for any reason and no claims have been filed, you may cancel your plan within 10 calendar days of your effective date to receive a full refund. The refund will include your first payment and application fee.

You will also receive a welcome letter in 7-10 business days that includes your insurance ID card and more information about your new plan and benefits.

### Learn More

To learn more about how your plan works, [click here](#)

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### Questions?

Billing Questions  
1.855.221.5852  
Monday - Friday 8:30am to 7:00pm EST  
[support@hiiinsurancesolutions.com](mailto:support@hiiinsurancesolutions.com)

Benefits & Claims Services  
HCC Medical Insurance Services  
1.800.605.2282